



**Wickes
Manufacturing Company**

Executive Offices
26261 Evergreen Rd.
Southfield, MI

Mailing Address
P.O. Box 999
Southfield, MI 48037

February 7, 1986

CERTIFIED/RETURN RECEIPT

RECEIVED

FEB 11 1986

#P101337582

Mr. Anthony Donatoni
Hazardous Materials Branch
Region III
6th and Walnut Streets
Philadelphia, Pennsylvania
19106

#P101337583

Mr. Thomas B. Golz
Waste Management Branch
Region V
230 South Dearborn Street
Chicago, Illinois
60604

SUPERFUND BRANCH

#P101337589

Mr. Robert L. Morby
Hazardous Materials Branch
Region VII
324 East 11th Street
Kansas City, Missouri
64106

#P101337590

Technical Secretary
Indiana Environmental Management
Board
Indiana State Board of Health
1330 West Michigan Street
Indianapolis, Indiana 46206

Dear Sir/Madam:

Enclosed are replacement Certificates of Insurance, with attachments, to be included with the Financial Assurances Filing submitted previously on behalf of Wickes Manufacturing Company. The facilities covered by this insurance are listed in the attachment to the Certificate.

After our original filing it was brought to our attention that these certificates were not complete. This omission was inadvertent and resulted from preparation of the Financial Assurances documents shortly after our company was purchased by Wickes Companies, Inc.

Very truly yours,

RCRA



551136

Michael J. Bauer
MICHAEL J. BAUER
Resident Counsel

ENCLOSURES
/cw

CC: Mr. K. Matthews
Mr. V. Patil

RECEIVED

FEB 12 1986

USEPA, RCRA Branch



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

1/3/85

PRODUCER

Marsh & McLennan, Incorporated
3303 Wilshire Boulevard
Los Angeles CA 90010
(213) 380-1600

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Continental Insurance Company
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Wickes Manufacturing Company
3340 Ocean Park Boulevard
Santa Monica CA 90405

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO TR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
							EACH OCCURRENCE	AGGREGATE
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY	<div>██████████</div> Ex. 4	11/7/85	11/7/86	BODILY INJURY	\$	\$
	<input type="checkbox"/>	PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	\$ 1,000	\$ 2,000
	<input type="checkbox"/>	CONTRACTUAL						
	<input type="checkbox"/>	INDEPENDENT CONTRACTORS				PERSONAL INJURY	\$	
	<input type="checkbox"/>	BROAD FORM PROPERTY DAMAGE						
	<input type="checkbox"/>	PERSONAL INJURY						
	<input type="checkbox"/>	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/>	ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/>	HIRED AUTOS				BI & PD COMBINED	\$	
	<input type="checkbox"/>	NON-OWNED AUTOS						
<input type="checkbox"/>	GARAGE LIABILITY							
	<input type="checkbox"/>	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/>	UMBRELLA FORM						
	<input type="checkbox"/>	OTHER THAN UMBRELLA FORM				STATUTORY		
	<input type="checkbox"/>	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					\$	(EACH ACCIDENT)
							\$	(DISEASE-POLICY LIMIT)
	<input type="checkbox"/>	OTHER					\$	(DISEASE-EACH EMPLOYEE)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Inclusive of insureds obligation as respects to financial responsibility under 40 CFR 264.147 of 265.147 for sudden accidental occurrence; limits shall apply on an annual policy term basis regardless of the number of locations insured by this policy. Please see attachment to this certificate.

CERTIFICATE HOLDER

U.S. ENVIRONMENTAL PROTECTION
AGENCY

INDIANA STATE BOARD OF HEALTH

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ATTACHMENT TO CERTIFICATE OF INSURANCE

POLICY NO. [REDACTED] Ex. 4

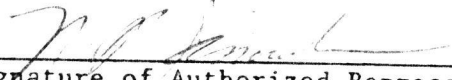
CONTINENTAL INSURANCE COMPANIES

1. Continental Insurance Companies (the "Insurer") of 180 Maiden Lane, New York, New York 10038 hereby certifies that it has issued liability insurance covering bodily injury and property damage to Wickes Manufacturing Company (the "Insured") of 3340 Ocean Park Boulevard, Santa Monica, California 90405 in connection with Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (see attached list) for sudden accidental occurrences. The limits of liability are \$1,000,000 per occurrence and \$2,000,000 aggregate exclusive of legal defense costs. The coverage is provided under Policy No. [REDACTED] issued on November 8, 1985. The effective date of said policy is November 7, 1985. Ex. 4

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is(are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is(are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance or eligible to provide insurance as an excess of surplus lines insurer, in one or more states.


(Signature of Authorized Representative)

Norm Janowski
(Type Name of Authorized Representative)

Manager, Authorized Representative

CONTINENTAL INSURANCE COMPANIES
180 Maiden Lane
New York, New York 10038

ATTACHMENT TO CERTIFICATE OF INSURANCE

POLICY NO. [REDACTED] Ex. 4

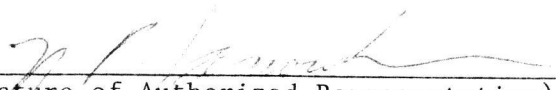
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(Signature of Authorized Representative)

Norm Janowski
(Type Name of Authorized Representative)

Manager, Authorized Representative

CONTINENTAL INSURANCE COMPANIES
180 Maiden Lane
New York, New York 10038



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)
1/3/86

PRODUCER

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						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	[REDACTED] Ex. 4	11/7/85	11/7/86			
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY	\$	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 3,000	\$ 6,000
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input type="checkbox"/> CONTRACTUAL						
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY		\$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input type="checkbox"/> PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
	OTHER				\$	(DISEASE-EACH EMPLOYEE)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS **Inclusive of insureds obligation as relates to financial responsibility under 40 CFR 264.147 of 265.147 for non sudden accidental occurrence; limits shall apply on an annual policy term basis regardless of the number of locations insured by this policy. Please see attachment to this certificate.**

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U.S. ENVIRONMENTAL PROTECTION AGENCY

INDIANA STATE BOARD OF HEALTH

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2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1.:

(a) Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage

(2)

is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policies and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer of the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is(are) located.

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We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as

(3)

excess of surplus lines insurer, in one or more States.


(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(TYPED NAME OF AUTHORIZED REPRESENTATIVE)

CONTINENTAL INSURANCE COMPANIES
180 Maiden Lane
New York, New York 10038

COVERED FACILITIES

ELCO-HUNTINGDON DIVISION
ELCO CORPORATION
Huntingdon Industrial Park
Huntingdon, Pennsylvania 16652
EPA ID NO. PAD00409462

MECHANICAL COMPONENTS DIVISION
WICKES MANUFACTURING COMPANY
90-96 Railroad Street
Mancelona, Michigan 49659
EPA ID NO. MID060178688

BUMPER DIVISION
GRAND RAPIDS PLANT
WICKES MANUFACTURING COMPANY
1860 Alpine Avenue, N.W.
Grand Rapids, Michigan 49504
EPA ID NO. MID055850127

BOHN ALUMINUM & BRASS DIVISION
WICKES MANUFACTURING COMPANY
Route 4, P. O. Box 387
Greensburg, Indiana 47240
EPA ID NO. IND052959640

EAGLE SIGNAL CONTROLS DIVISION
WICKES MANUFACTURING COMPANY
736 Federal Street
Davenport, Iowa 52803
EPA ID NO. IAD051001337